

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

Case # 15-082 PP/FP

I. PLEASE CHECK THE TYPE OF APPLICATION:

- ☐ Informal Review
- ☒ Final Plat (Section 152.085)
- ☐ Concept Plan (Section 153.056(A)(1))
- ☐ Conditional Use (Section 153.236)
- ☐ Preliminary Development Plan / Rezoning (Section 153.053)
- ☐ Corridor Development District (CDD) (Section 153.115)
- ☐ Final Development Plan (Section 153.053(E))
- ☐ Corridor Development District (CDD) Sign (Section 153.115)
- ☐ Amended Final Development Plan (Section 153.053(E))
- ☐ Minor Subdivision
- ☐ Standard District Rezoning (Section 153.018)
- ☐ Right-of-Way Encroachment
- ☒ Preliminary Plat (Section 152.015)
- ☐ Other (Please Specify): _____

Please utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements that will need to accompany this application form.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 207 MARION STREET, DUBLIN, OH 43017	
Tax ID/Parcel Number(s):	Parcel Size(s) (Acres):
Existing Land Use/Development: RESIDENTIAL	

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development: RESIDENTIAL
Total acres affected by application: 1

III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): BRENDA & TERRY ARTRIP	
Mailing Address: (Street, City, State, Zip Code) 207 MARION STREET DUBLIN, OH, 43017	
Daytime Telephone: 614-309-6738	Fax:
Email or Alternate Contact Information: bartrip1@gmail.com	

RECEIVED



CITY OF DUBLIN

Land Use and
Long Range Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: <u>BRENDA & TERRY ARTRIP</u>	Applicant is also property owner: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): _____	
Mailing Address: (Street, City, State, Zip Code) <u>207 MARION ST, DUBLIN, OH, 43017</u>	
Daytime Telephone: <u>614. 309. 6738</u>	Fax: _____
Email or Alternate Contact Information: <u>bartrip1@gmail.com</u>	

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: _____	
Organization (Owner, Developer, Contractor, etc.): _____	
Mailing Address: (Street, City, State, Zip Code) _____	
Daytime Telephone: _____	Fax: _____
Email or Alternate Contact Information: _____	

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I _____, the owner, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: _____	Date: _____

☐ Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this _____ day of _____, 20 _____

State of _____

Stamp or Seal

County of _____ Notary Public _____

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I <u>BRENDA & TERRY ARTRIP</u> , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: <u>Brenda Artrip</u> <u>Terry Artrip</u>	Date: <u>8/20/15</u>

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15-082 PP/FP
CITY OF DUBLIN

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

<u>Brenda Arttrip & Terry Arttrip</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative: <u>Brenda Arttrip Terry Arttrip</u>	Date: <u>8.20.15</u>

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

<u>BRENDA & TERRY ARTTRIP</u> , the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of applicant or authorized representative: <u>Brenda Arttrip Terry Arttrip</u>	Date: <u>8.20.15</u>

Subscribed and sworn to before me this 20 day of August, 2015
 State of OHIO
 County of FRANKLIN FOR BRENDA ARTTRIP



Deborah Lynn Chensky-Massey
 Notary Public, State of Ohio
 My Commission Expires 02-17-2019

FOR OFFICE USE ONLY			
Amount Received:	Application No:	P&Z Date(s):	P&Z Action:
Receipt No:	Map Zone:	Date Received:	Received By:
City Council (First Reading):		City Council (Second Reading):	
City Council Action:		Ordinance Number:	
Type of Request:			
N, S, E, W (Circle) Side of:			
N, S, E, W (Circle) Side of Nearest Intersection:			
Distance from Nearest Intersection:			
Existing Zoning District:		Requested Zoning District:	

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 CITY OF DUBLIN
 PLANNING

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Signature of applicant or authorized representative: <u>Brenda Arttrip Terry Arttrip</u>	Date: <u>8.20.15</u>

Subscribed and sworn to before me this 22ND day of August, 20 15 personally appeared
State of Ohio Terry L. Arttrip.
County of Franklin Notary Public Kimberly Houchin



Kimberly Houchin
Notary Public, State of Ohio
My Commission Expires 11-27-16

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